



## Department of Health & Human Services

### Health Care Financing Administration Region III

Suite 216, The Public Ledger Bldg  
150 S. Independence Mall West  
Philadelphia, PA 19106-3413

Gregg C. Sylvester, M.D.  
Secretary  
Delaware Health and Social Services  
1901 N. DuPont Highway  
New Castle, DE 19720

Dear Dr. Sylvester:

Re: Delaware's request to amend the Home and Community-Based Services Waiver for the Developmentally Disabled (HCFA Control Number 0009.90.R3.01)

I am pleased to inform you that your request to amend your Medicaid waiver, authorized under the provisions of § 1915(c) of the Social Security Act, to provide home and community-based services to individuals with developmental disabilities has been approved. Your request was dated January 11, 2000. It was modified pursuant to a letter dated August 31, 2000, and a fax transmittal of November 14, 2000. Specifically, the amendment to the Waiver for the Developmentally Disabled will enable Delaware to increase the unduplicated number of individuals that may be served under the waiver. You also revised the cost and utilization estimates to reflect the additional waiver capacity. This waiver amendment carries HCFA control number 0009.90.R3.01. Please refer to this number in all future correspondence regarding this waiver amendment.

Based on the assurances and information you provided, I approve the waiver amendment request cited above, effective July 1, 1999. This approval is conditional on the continued satisfactory operation of the waiver. This approval is subject to your agreement to provide home and community-based services, on an annual basis, to no more individuals than those indicated as the value of "C" in your approved per capita expenditure estimates (shown below).

Waiver Year		"C" Value	"D" Value
Year 1	July 1, 1999 - June 30, 2000	600	\$62,680
Year 2	July 1, 2000 - June 30, 2001	700	\$69,095
Year 3	July 1, 2001 - June 30, 2002	800	\$71,767
Year 4	July 1, 2002 - June 30, 2003	900	\$74,436
Year 5	July 1, 2003 - June 30, 2004	1,000	\$77,108

Please contact Bill Davis at (215) 861-4204, if you have any questions about this matter.

Sincerely,

Charlene Brown  
Regional Administrator

cc: Hugh Daniel

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OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
FCHB, DMSO	W. Davis	11/15/2000			